



CITY OF WINTER GARDEN  
 COMMUNITY DEVELOPMENT  
 300 WEST PLANT STREET  
 WINTER GARDEN, FL 34787  
 P: 407.656.4111  
 WWW.CWGDN.COM

**LIMITED AUTHORIZATION FORM**

PERMIT NO: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_  
 (STREET ADDRESS, INCLUDING THE UNIT/SPACE NUMBER IF APPLICABLE)

I, \_\_\_\_\_ OF \_\_\_\_\_  
 (NAME OF PERSON GIVING AUTHORIZATION) (CONTRACTOR'S COMPANY)

HEREBY AUTHORIZE \_\_\_\_\_ TO OBTAIN A SUB-PERMIT ON MY BEHALF  
 (NAME OF PERSON BEING AUTHORIZED)

UNDER MY STATE OF FLORIDA LICENSE NUMBER: \_\_\_\_\_ FOR THE JOB SITE DESCRIBED ABOVE.  
 (CONTRACTORS' LICENSE NUMBER)

SUB-CONTRACTOR TYPE		
PLEASE CHECK ONE:		
PERMIT EXPEDITOR	PLUMBING	ELECTRIC
ROOFING	GAS	LOW VOLTAGE
MECHANICAL	FIRE	OTHER _____

SIGNATURE OF PERSON GIVING AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME BY MEANS OF \_\_\_\_\_ PHYSICAL PRESENCE OR ONLINE  
 NOTARIZATION, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ OF 20 \_\_\_\_\_, BY \_\_\_\_\_

AS \_\_\_\_\_  
 (TYPE OF AUTHORITY: OWNER, OFFICE, TRUSTEE, ATTORNEY IN FACT)

\_\_\_\_\_  
 (NOTARY PUBLIC NAME PRINT)

(SEAL)

\_\_\_\_\_  
 (NOTARY SIGNATURE)